

Governor's eHealth Board Electronic Health Information Survey

Physician Office

Purpose

This survey focuses on two aspects of Electronic Health (e-Health) Information as they relate to health care providers:

1. The extent of the implementation and use of Electronic Medical Records (EMR) by Wisconsin health care providers.
2. The desire and ability of Wisconsin health care providers to exchange e-Health Information.

DATE SURVEY COMPLETED:

1 Date survey completed:

2 Please review your practice information below for accuracy. Please make corrections where necessary.

2a Legal Name of Practice: *(pre-populate from MetaStor)*

2b Address: *(pre-populate from MetaStor)*

2c City: *(pre-populate from MetaStor)*

2d State: WI

2e Zip Code: *(pre-populate from MetaStor)*

2f Telephone Number: *(pre-populate from MetaStor)*

2g Fax Number: *(pre-populate from MetaStor)*

2h Please check here if all of the above information is correct. ☐

3 Name of person completing this survey:

3a Telephone number (if different from above):

3b E-mail address:

4 Is your practice location owned or managed by a larger group practice or integrated delivery system?
(Check one box)

4a ☐ No

4b ☐ Yes

4 If yes, please provide

4c Group or system name:

4d Total number of ambulatory sites in this group or system:

4e ☐ Don't know

5 Which of the following best describes your facility?
(Check one box)

5a ☐ Free-standing medical office or group medical practice

5b ☐ Community Health Center or Federally Qualified Health Center look-alike

5c ☐ Hospital outpatient department

5d ☐ Federal government facility

5e ☐ Emergency department

6 Which of the following best describes the practice at this location?
(Check one box)

6a ☐ Solo practice

6b ☐ Single-specialty practice

6c ☐ Multi-specialty practice

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7	Specialties represented at this location: (Check all that apply)
7a	<input type="checkbox"/> Family practice
7b	<input type="checkbox"/> Primary care internal medicine
7c	<input type="checkbox"/> Primary care pediatrics
7d	<input type="checkbox"/> Obstetrics and gynecology
7e	<input type="checkbox"/> Surgical specialties other than OB/GYN
7f	<input type="checkbox"/> Cardiology
7g	<input type="checkbox"/> Endocrinology
7h	<input type="checkbox"/> Other medical subspecialties
7i	<input type="checkbox"/> Pediatric subspecialties
7j	<input type="checkbox"/> Other
7k	If other, please specify:

8	Practice size:
8a	How many physicians practice at this location?
8b	How many mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) practice at this location?

9	Please select the following that applies to your practice location: (Check one box)
9a	<input type="checkbox"/> No Internet connection
9b	<input type="checkbox"/> Connect to Internet by telephone modem (dial-in connection)
9c	<input type="checkbox"/> Connect to Internet by DSL, cable, Ethernet or other high speed connection

10	Does your practice location SUBMIT CLAIMS electronically (electronic billing)? (Check one box)
10a	<input type="checkbox"/> No
10b	<input type="checkbox"/> Yes
10c	<input type="checkbox"/> Don't know

11	Does your practice location have an electronic practice management system (PMS)? (Check one box)
11a	<input type="checkbox"/> No SKIP TO QUESTION 13
11b	<input type="checkbox"/> Yes GO TO QUESTION 12
11c	<input type="checkbox"/> Don't know SKIP TO QUESTION 13

12	Please provide the following details about your PMS:
12a	Vendor name:
12b	Product name:
12c	Version:

13	Does your practice location use ELECTRONIC MEDICAL RECORDS (EMR), not including billing records? (Check one box)
13a	<input type="checkbox"/> Yes, all electronic GO TO QUESTION 14
13b	<input type="checkbox"/> Yes, part paper and part electronic GO TO QUESTION 14
13c	<input type="checkbox"/> No SKIP TO QUESTION 21
13d	<input type="checkbox"/> Don't know SKIP TO QUESTION 21

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14	Please provide the following details about your EMR:
14a	Vendor name:
14b	Product name:
14c	Version:
14d	Go-live date (Month and Year)

15			PART 1		
			<i>Check one box for each item</i>		
		Yes (and used)	Yes (but not used)	No	Don't know
15a	Patient demographic information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15b	Computerized orders for prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Warnings or alerts of drug interactions or contraindications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prescriptions sent electronically to the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prescriptions checked electronically against formularies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15c	Computerized orders for tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Orders sent electronically to other departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15d	Lab results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Out of range levels highlighted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15e	Imaging results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electronic images required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15f	Clinical notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Include medical history and follow-up notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reminders for guideline-based interventions and/or screening tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15g	Public health reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Notifiable diseases sent electronically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Create a Continuity of Care Record (CCR) summarizing a patient's information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic disease management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correspondence to and from patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16	Do physicians have access to the EMR when away from the practice site (for example, during night call)? (Check one box)
16a	<input type="checkbox"/> No
16b	<input type="checkbox"/> Yes
16c	<input type="checkbox"/> Don't know

18	Does your EMR system exchange information electronically with your billing or management systems? (Check one box)
18a	<input type="checkbox"/> No
18b	<input type="checkbox"/> Yes
18c	<input type="checkbox"/> Don't know

19	Please select the answer that best describes the impact of your electronic medical record (EMR) system on the following:					
		Check one box per item				
		Substantially Worse	Slightly Worse	No Effect	Slightly Better	Substantially Better
19a	Clinical decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19b	Practice workflow and productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19c	Patient communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19d	Prescription management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19e	Clinician access to patient information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19f	Medical records management costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19g	Errors or oversights affecting care safety or quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19h	Competitive position of practice in the marketplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19i	Chronic disease management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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20 Please identify the significance of the following as barriers to your EMR implementation:					
<i>Check one box per barrier</i>					
	Barrier	Not a Barrier No Impact	Minor Barrier Complicated Implementation	Major Barrier Delayed or made implementation difficult	Extreme Barrier Significant delay or significantly threatened implementation
20a	Concern about loss of productivity during implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20b	Lack of acceptance by administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20c	Lack of acceptance by clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20d	Lack of acceptance by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20e	Lack of capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20f	Insufficient knowledge to evaluate, compare and select an appropriate EMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20g	Insufficient time to select, contract, install and implement the EMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20h	Lack of EMR certification or standardization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20i	Security or privacy concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20j	Overall projected return-on-investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SKIP TO QUESTION 23

21 Please select the category that best describes your belief about the likely impact of an electronic medical record (EMR) system in your practice on the following (after systems are implemented and paid for):						
<i>Carolyn will simplify question wording</i>						
<i>Check one box per item</i>						
		Substantially Worse	Slightly Worse	No Effect	Slightly Better	Substantially Better
21a	Clinical decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21b	Practice workflow and productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21c	Patient communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21d	Prescription management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21e	Clinician access to patient information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21f	Medical records management costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21g	Errors or oversights affecting care safety or quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21h	Competitive position of practice in the marketplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21i	Chronic disease management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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22 Please estimate the significance of the following as possible barriers to future EMR implementation in your practice:					
		<i>Check one box per barrier</i>			
	Barrier	Not a Barrier No Impact	Minor Barrier Complicated Implementation	Major Barrier Delayed or made implementation difficult	Extreme Barrier Significant delay or significantly threatened implementation
22a	Concern about loss of productivity during implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22b	Lack of acceptance by administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22c	Lack of acceptance by clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22d	Lack of acceptance by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22e	Lack of capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22f	Insufficient knowledge to evaluate, compare and select an appropriate EMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22g	Insufficient time to select, contract, install and implement the EMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22h	Lack of EMR certification or standardization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22i	Security or privacy concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22j	Overall projected return-on-investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23 Are there plans for installing a new EMR system or replacing the current system within the next 3 years? (Check one box)	
23a	<input type="checkbox"/> No
23b	<input type="checkbox"/> Yes
23c	<input type="checkbox"/> Don't know

24		Yes (and used)	Yes (but not used)	No	Don't know
24a	Does your practice location utilize an ePrescribing system separate from your medical record system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24b	Does it offer warnings of drug interactions or contraindications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24c	Can prescriptions be checked electronically against formularies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24d	Can prescriptions be sent electronically to pharmacies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25 Are performance measures on your practice available to the public? (Check one box)	
25a	<input type="checkbox"/> No
25b	<input type="checkbox"/> Yes
25c	<input type="checkbox"/> Don't know

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26	Are performance measures on your practice used by health plans to levy financial rewards or penalties? (Check one box)
26a	<input type="checkbox"/> No
26b	<input type="checkbox"/> Yes
26c	<input type="checkbox"/> Don't know

27	Does your practice provide a means of electronic communication between clinicians and patients OTHER THAN phone or fax (for example, a patient portal or email)? (Check one box)
26a	<input type="checkbox"/> No
26b	<input type="checkbox"/> Yes
26c	<input type="checkbox"/> Don't know

For Questions 28 and 29: Electronic exchange includes data files sent on electronically readable media by mail, e-mail, uploading or remote printer, but NOT fax or telephone).

27	Please identify any organization types with which your practice exchanges (sends or receives) patient data electronically (including information from which patient identifiers are removed): (Check all that apply) Seth will re-examine this question and the next
27a	<input type="checkbox"/> Other practices within your system
27b	<input type="checkbox"/> Hospitals within your system
27c	<input type="checkbox"/> Pharmacies within your system
27d	<input type="checkbox"/> Laboratories within your system
27e	<input type="checkbox"/> Imaging providers within your system
27f	<input type="checkbox"/> Practices outside your system
27g	<input type="checkbox"/> Hospitals outside your system
27h	<input type="checkbox"/> Pharmacies outside your system
27i	<input type="checkbox"/> Laboratories outside your system
27j	<input type="checkbox"/> Imaging providers outside your system
27k	<input type="checkbox"/> Regional or community health information exchanges
27l	<input type="checkbox"/> Public health or vital statistics agencies
27m	<input type="checkbox"/> Independent Provider Association or similar organization
27n	<input type="checkbox"/> Quality collaborative or initiative
27o	<input type="checkbox"/> Safety collaborative or initiative
27p	<input type="checkbox"/> Patients
27q	<input type="checkbox"/> Researchers
27r	<input type="checkbox"/> Claims clearinghouse
27s	<input type="checkbox"/> Patient registries (e.g., chronic disease, immunization, implantable device registries)

28	Please identify the priority you place on being able to send or receive information electronically to the following types of organizations, with 1 being the lowest priority and 5 being the highest priority:					
		Low		...		High
28a	Other practices within your system	1	2	3	4	5
28b	Hospitals within your system	1	2	3	4	5
28c	Pharmacies within your system	1	2	3	4	5
28d	Laboratories within your system	1	2	3	4	5
28e	Imaging providers within your system	1	2	3	4	5
28f	Practices outside your system	1	2	3	4	5
28g	Hospitals outside your system	1	2	3	4	5
28h	Pharmacies outside your system	1	2	3	4	5
28i	Laboratories outside your system	1	2	3	4	5
28j	Imaging providers outside your system	1	2	3	4	5
28k	Regional or community health information exchanges	1	2	3	4	5
28l	Public health or vital statistics agencies	1	2	3	4	5
28m	Independent Provider Association or similar organization	1	2	3	4	5

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28n	Quality collaborative or initiative	1	2	3	4	5
28o	Safety collaborative or initiative	1	2	3	4	5
28p	Patients	1	2	3	4	5
28q	Researchers	1	2	3	4	5
28r	Claims clearinghouse	1	2	3	4	5
28s	Patient registries (e.g., chronic disease, immunization, implantable device registries)	1	2	3	4	5

29	Please identify information clinicians at your site can now access electronically during patient care that originates from exchange with EXTERNAL organizations: (Check all that apply)					
29a	<input type="checkbox"/> Patient demographics					
29b	<input type="checkbox"/> List of past visits and procedures					
29c	<input type="checkbox"/> List of past diagnoses (from claims)					
29d	<input type="checkbox"/> Medications dispensed					
29	<input type="checkbox"/> Medications prescribed					
	<input type="checkbox"/> Immunizations					
29e	<input type="checkbox"/> Allergies					
29f	<input type="checkbox"/> Laboratory results					
29g	<input type="checkbox"/> Imaging results					
29h	<input type="checkbox"/> Discharge summaries from hospitals or emergency rooms					
	<input type="checkbox"/> Clinic notes or records					
	<input type="checkbox"/> Patient advance directives					
	<input type="checkbox"/> Implantable medical devices					
	<input type="checkbox"/> Health plan coverage and service eligibility					